

SOCIAL PROTECTION SYSTEM IN THAILAND: AN OVERVIEW

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1. INTRODUCTION

Social protection¹ in Thailand covers a wide range of schemes and sectors of the population. It is principally composed of contributory social insurance schemes, non-contributory tax-financed schemes (both targeted and universal), and partially subsidized voluntary social insurance schemes. It covers primarily civil servants and their dependents, and workers in the formal sector. Vulnerable and poor people generally have access to ad hoc means-tested programs. There are universal social protection

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¹ The definition of social protection can be found in ADB (2011, 5).



schemes, which include the Universal Health Coverage Scheme and the old-age allowance scheme.

Social protection in Thailand is rights-based, as called for by the Thai Constitution, B.E. 2550 (2007);² the Social Security Act, B.E. 2533 (1990); the National Health Security Act, B.E. 2545 (2002); the Quality of Life Promotion Act for Persons with Disabilities, B.E. 2550 (2007); the Old-age Act, B.E. 2546 (2003); and the National Education Act, B.E. 2542 (1999). Social protection is also aligned with the strategic plan on social welfare for the Thai society (2012-2016) and the Eleventh Five-Year National Economic and Social Development Plan

²The constitution was revoked in May 2014.

(2012-2016) (Schmitt et al. 2013, iv). The Thai government has continued its efforts to strengthen the social protection system, the savings system, and community welfare, as it protects people's rights, provides welfare services, and develops the quality of life of the disadvantaged, the disabled, the elderly, and women and children (SOC 2014, Section 3.3). The policy on health care is to build a foundation to develop and strengthen public health, as it emphasizes inclusiveness, quality, and efficiency (SOC 2014, Section 5).

Thailand's social protection system is scattered across programs, such as the Government Officials' Pension System, the Government Pension Fund, the Civil Servants' Medical Benefit Scheme, the Workmen's Compensation Fund, the Social Security Fund, the Private School Teachers' Welfare Fund, the Universal Health Coverage Scheme, the National Savings Fund, the Universal Non-contributory Allowance for People with Disabilities, the Universal Non-contributory Allowance for Older People, the Compulsory Migrant Health Insurance, the Education for All Policy, and several private provident funds. More details of these programs are provided below.

2. HEALTH CARE

2.1 Universal Coverage Scheme

The Universal Coverage Scheme (UCS) provides health care for persons not covered by the non-contributory Civil Servants' Medical Benefit Scheme, the Social Security System (SSS), or other government schemes. UCS provides essential medical treatment ranging from out-patient and in-patient treatment to maternity care, childbirth, dental care, preventive care, and emergency care. Beneficiaries must register and choose a "regular service unit," which serves as the entry point except in emergency cases. Specialized-care patients are referred to a higher-level hospital at no extra charge. The UCS is financed by general tax revenues, which are channeled through the National Health Service Office (Schmitt et al. 2013, 10).

2.2 Civil Servants' Medical Benefit Scheme

The Civil Servants' Medical Benefit Scheme (CSMBS) was established by the Royal Decree on Medical Benefits, B.E. 2553 (2010), issued pursuant to the Act on Stipulation of Payment Rules in Accordance with the Budget, B.E. 2518 (1975). This non-contributory scheme covers civil servants and permanent employees, pensioners, the military, foreign employees paid by the government whose employment contract does not specify a condition on medical services for them and their dependents (legitimate children, spouse, and parents). The scheme does not cover employees of local governments and state enterprises, temporary or fixed-term government contract workers, or pensioners who chose to receive a lump-sum payment. Benefits include in-patient and out-patient treatment in public hospitals, specific private hospitals, or, in emergency cases, any other private hospitals (Schmitt et al. 2013, 5).

2.3 Social Security System's Medical Benefits

Healthcare insurance for private sector employees as well as regular migrant workers is covered by the Social Security System's Medical Benefits (SSSMB) scheme. Dependents of such persons,

however, are not covered by the scheme. SSSMB is compulsory and contributory. Section 33 of the scheme covers non-occupational injury or illness benefits and maternity. The Workmen's Compensation Fund of the SSS covers work-related injuries and illness. Although SSSMB provides a relatively comprehensive benefit package, certain medical treatments are not covered (Schmitt et al. 2013, 6, 26-27). Patients select a healthcare provider within the contracted network of hospitals.

Medical benefits for employees of state enterprises are furnished by individual state enterprises and may differ in terms of agreements or regulations from one state enterprise to another (TDRI 2013, 3-5).

2.4 Compulsory Migrant Workers' Health Insurance

Irregular migrant workers registered under Section 13 of the Foreign Workers Employment Act, B.E. 2551 (2008) are covered by the Compulsory Migrant Health Insurance (CMHI) program, which targets undocumented migrant workers who are registered (under the government's amnesty program) but does not cover their dependents. Irregular migrant workers are required to apply for a work permit, or a grace period to remain in Thailand temporarily. The medical services provided for such migrants are similar to those afforded to people covered by the UCS. The insured migrant pays 1,900 baht per year (TDRI 2013, 28).

In some migrant-intensive areas, irregular migrant workers and their dependents have to rely on treatments paid for out of pocket, or through hospital exemptions, assistance from non-governmental organizations, or purchased health cards (Chamchan and Apipornchaisakul 2012, 56).

Table 1 shows the number of people with different healthcare coverage schemes.

2.5 Long-term Care

Long-term care refers to long-term nursing and personal care of people with physical, functional, or mental limitations (WHO 2007, 6). Activities of daily living provided in residential institutions, day-

Table 1. Number of People with Different Healthcare Coverage Schemes in Thailand

	(Millions of persons)									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	
UCS	47.34	47.54	46.67	46.95	46.95	47.73	48.12	48.62	48.61	
SSSMB (Section 33 & 39, WFC)	8.74	9.20	9.58	9.84	9.67	9.90	10.17	10.33	10.77	
CSMBS	4.15	4.06	5.013	5.00	4.96	4.92	4.96	4.97	4.98	
Veterans/private school teachers	0.13	0.23	0.24	0.24	0.23	0.52	0.64	0.61	0.49	
Local officials	-	-	-	-	-	-	-	-	0.10	
Population with coverage	60.45	61.04	61.63	62.02	62.39	63.06	63.89	64.53	64.96	
Unregistered population	2.36	1.36	0.78	0.52	0.33	0.41	0.03	0.06	0.08	
Total eligible population ^a	62.81	62.39	62.41	62.55	62.70	63.47	63.92	64.59	65.04	
Population with coverage (%)	96.24	97.84	98.75	99.15	99.50	99.35	99.95	99.91	99.88	
CMHI (for CLM migrants)	0.27	0.28	0.30	0.31	0.32	0.18	0.11	0.11	0.12	

^a Not including displaced persons and the Thai diaspora.

Abbreviations: CLM = Cambodia, Laos, Myanmar; CMHI = Compulsory Migrant Health Insurance; CSMBS = Civil Servants' Medical Benefit Scheme; SSSMB = Social Security System Medical Benefits; UCS = Universal Health Coverage Scheme; WFC = Workmen's Compensation Fund.

Source: National Health Security Office (2013).

care centers or at home, include self-care activities, such as bathing, dressing, eating, getting into and out of bed or chairs, moving around, using the toilet, and controlling bladder and bowel movements. Caregivers monitor patients to avoid worsening of people's ability to perform activities of daily living. Long-term nursing and personal care excludes basic medical and social services, but is often provided in combination with such services.³

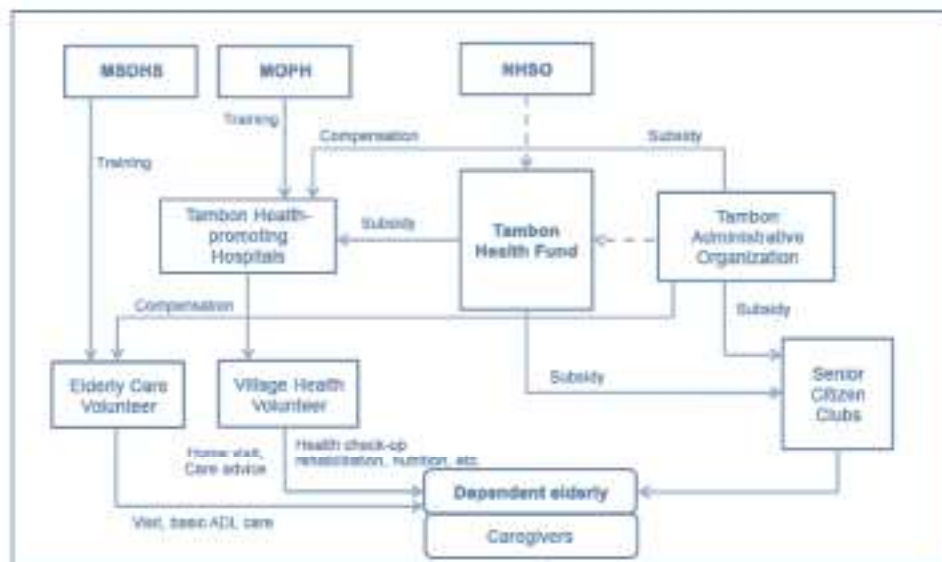
Thailand is an aging society with an elderly population that reached 8.4 million in 2010 and has been projected to rise to 12.6 million in 2020.

³ *Basic medical services include help in dressing wounds, pain management, medication, health monitoring, prevention, rehabilitation, and palliative care. Social services are lower-level care, such as home help or help in facilitating activities of daily living, including homemaking, preparing meals, providing transport, and arranging social activities. Chronic care is a broader concept that refers to partnership between patients and families, healthcare teams, and community supporters, including medical, nursing, and social programs (WHO 2007, 6-7).*

In 2011, the average proportion of the elderly with functional limitations in activities of daily living was 3.7 percent.

Thailand's long-term care system includes tax incentives, such as the Parental Care Expenses Deduction, Parent's Health Insurance Expenses Deduction and Care Services. The latter include 12 homes for the elderly provided by the national government, 13 homes for the elderly provided by local governments, home-care volunteers, subdistrict health-promoting hospitals and village health volunteers, home health care for the elderly, and various long-term care pilot projects. In addition, there are "friends-help-friends" projects implemented by Senior Citizen Clubs and a financing scheme at the community level for providing long-term care through the Tambon Health Fund utilizing a community-based integrated approach (Figure 1) (WHO 2007, 6).

Figure 1. Community-based Integrated Approach to Older People's Long-term Care in Thailand



Abbreviations: MSDHS = Ministry of Social Development and Human Security; MOPH = Ministry of Public Health; NHSO = National Health Security Office.

Source: Suwanrada (2014).

3. CHILDREN

3.1 Free Education

Under the 2007 constitution, children in Thailand are entitled to 12 years of free education. Under the National Education Act, B.E. 2542 (1999) and Amendment No. 2, B.E. 2545 (2002), children (6-15 years old) were required to take nine years of education. That requirement was extended to 15 years in 2009, with free education provided from preschool through the high school level and vocational education, covering formal, non-formal, and informal education applicable to all children, including stateless and ethnic minority children and children of migrants. The policy covers payment of tuition fees (100 percent for public schools and subsidies for private schools), textbooks, learning materials, school uniforms, and activities that promote quality improvement among students.

3.2 Universal Child Allowance

Currently, a person insured under SSS is entitled to a child allowance of 400 baht per child

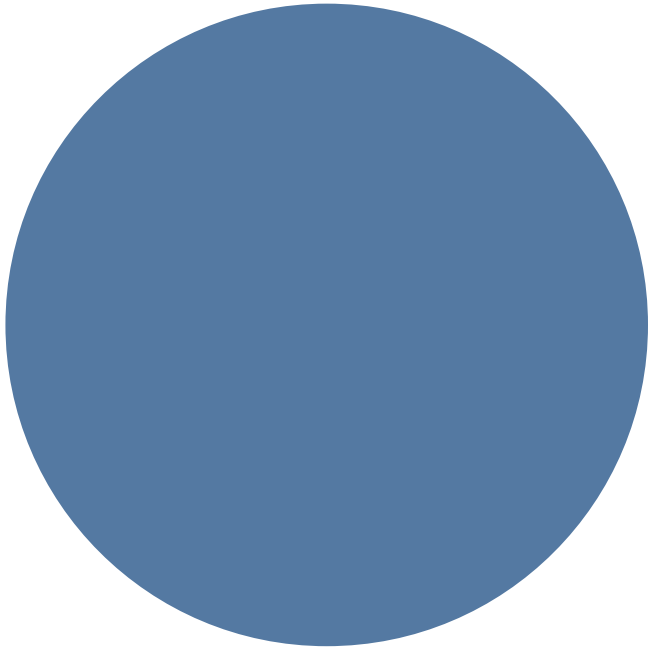
aged 0–6 years, for a maximum of two children. In addition, the government in 2015 conducted a pilot project involving a non-contributory child allowance of 400 baht per month for a child from birth to one year of age, from October 1, 2015 to September 30, 2016. Eligible were families with an income of not more than 30,000 baht a year (Pisitpaiboon 2015). On March 22, 2016, the Cabinet decided to extend the child allowance from one year to three years and increase the allowance from 400 baht to 600 baht (MSDHS 2016).

4. RETIREMENT BENEFITS

4.1 Government Officials⁴

Government officials (including civil servants, permanent and temporary government em-

⁴ There are four types of government agencies: ministerial agencies, state or public enterprises, public organizations, and government agencies in new form consisting of independent entities and juristic person funds, or funds with legal dimensions (OPDC 2008, 9). The latter two types are not discussed in this report because they are managed independently and accessing data on their social protection and financial costs is difficult.



ployees, but not including the military) are covered by many social security benefits, including old-age, healthcare, and child-related benefits. Civil servants enjoy the Government Officials' Pension System, the Government Pension Fund (GPF), and the CSMBS. The first is Thailand's oldest pension system for the public sector, as enacted in the Pension Act in 1902. The act was later amended to award pensions only to government officials. In 1939, the amended act was replaced by an act for civil servants and another for military servants. In 1951, the Pension Act superseded the previous one and was used for covering central government officials until about 1996 (Kanjanaphoomin 2004). Owing to strains on the government budget, the government pension has, since 1996, been transformed to the GPF under the Government Pension Fund Act of 1996.

Prior to the introduction of the GPF, a retired government official could choose between a lump-sum payment and a monthly pension based on his/her age at retirement, length of service, and the existence of a disability. Furthermore, the government pension is transferable to the children or other relatives of the pensioner.

Participation in the GPF is mandatory for government officials except for those who were in service before March 27, 1997, and who chose the

old pension scheme and were eligible for a pension according to the Government Pension Act of 1951 only. In December 2003, GPF had 1.2 million members, and the Fund was valued at 230 billion baht (Kanjanaphomin 2004, 13-14). In 2013, the number of GPF members was the same, but the Fund had increased in value to 632.5 billion baht (GPF 2013a, 68).⁵

Different from the benefits given to civil servants are the benefits for government employees, permanent government employees, and temporary government employees or fixed-term contract workers. The government employee system was established in 2004 to replace permanent government employees as well as civil servants, as such government employees are employed by contract, mostly on a short-term basis, and are not entitled to the social protection benefits given to civil servants (OCSC 2012, 2). Government employees are required to join SSS and make a 5 percent contribution, with an equivalent contribution coming from the employing agency and a 2.75 percent contribution from the government. The social benefits for permanent government employees on the other hand are under the Comptroller General's Department of the Ministry of Finance, and include lump-sum payment, medical benefits for them and their spouse, children, and parents, with education allowances for their children (CGD 2012).

Permanent government employees can join a provident fund on a voluntary basis by contributing 3 percent of their salary (Section 4.3.3 provides detailed coverage of provident funds). The employing agency pays another 3 percent (CGD 2012, 52). Temporary government employees⁶ do not have any medical or retirement benefits except for work-related injuries

⁵ Government officials who started official duty before March 27, 1997 and chose to enroll in the GPF can rescind their membership and return to the GPOS under a law newly stipulated in late 2014, entitled *Returning to the Pension System under the Government Pension Fund Act, B.E. 2494*, which is more commonly known as the "UNDO Law" (GPF 2013b).

⁶ Temporary government employees consist of those paid by government budget and those by local or agencies budget (CGD 2012, 56).



or illness. They also receive benefits under SSS since they are required to join it (CGD 2012, 91).

4.2 State-enterprise Employees

All state enterprise pension systems (defined benefit systems) have been transferred to provident funds, as stipulated by the Provident Fund Act of 1987. Under this scheme, employees of state enterprises receive a lump sum from their provident fund upon retirement. Medical benefits are provided individually by state enterprises and differ in agreements or regulations (TDRI 2013, 3-5).

4.3 Private Sector Employees

4.3.1 Social Security Fund

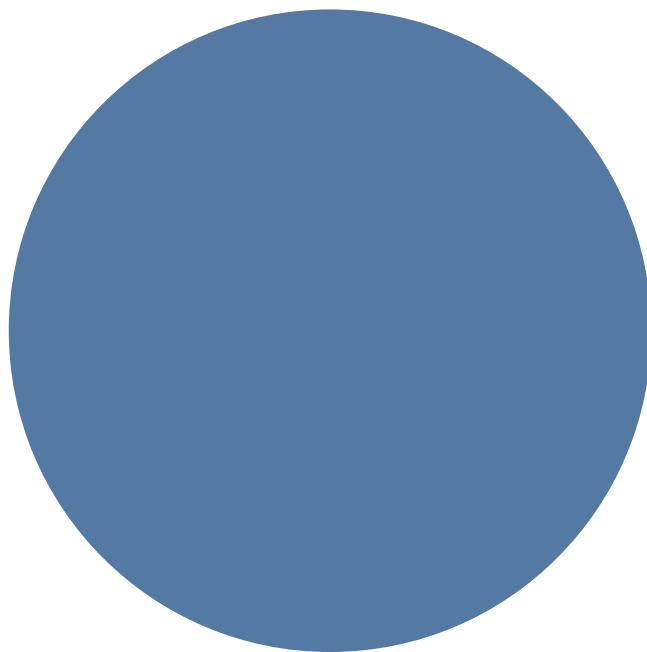
Private sector employees are protected by SSS and the Workmen's Compensation Fund (WCF). SSS, established by the Social Security Act, B.E. 2533 (1990), provides mandatory insurance (Section 33) for employees in the private sector and regular migrant workers. SSS also provides voluntary insurance (Section 39) for workers previously covered by SSS Section 33 and who are willing to continue the insurance (e.g. newly self-employed or retired

persons) and voluntary insurance (Section 40) covering self-employed or informal economy workers.

Section 33 of SSS covers persons employed in non-agricultural establishments who are 15 years of age and older. Under the scheme, employers who have at least one employee must register their employee(s). The insured are entitled to benefits for non-occupational injury or illness (health care), maternity, becoming an invalid, death, unemployment, old age, and child allowance. The employer and employee each pay equal contributions of 5 percent of the worker's salary, whereas the government contributes an additional 2.75 percent to make a total contribution of 12.75 percent of the worker's salary.⁷

SSS Section 39 covers individuals previously insured under Section 33 who have paid contributions for not less than 12 months, or ceased to be employees but wish to continue being insured. For a contribution of 432 baht per month (9 percent of

⁷ As a temporary measure to cope with the impact of the 2011 floods, the government in 2012 reduced workers' and employers' contributions from 5 percent to 3 percent for the first six months and from 5 percent to 4 percent for the last six months of 2012.



the reference salary set at 4,800 baht),⁸ the insured are entitled to six types of benefits: for non-occupational injury or illness, maternity, becoming an invalid, death, old age, and as a child allowance.

4.3.2 Workmen's Compensation Fund

The Workmen's Compensation Act, B.E. 2537 (1994) mandates any employer who has at least one employee in any type of business to contribute to the Workmen's Compensation Fund (WCF). The scheme covers employees in the formal private sector and regular migrant workers. The insured are entitled to benefits in case of work-related injuries, death, illness, and disappearance. The benefits provided by WCF include monthly indemnities, medical and rehabilitation expenses, and funeral expenses. WCF is administered by the Social Security Office.

4.3.3 Provident Funds

The Provident Funds Act was enacted in 1987 to encourage private sector employees to save for their retirement. The fund is a voluntary benefit

scheme between employers and employees who set up a fund committee to oversee the provident fund. The committee is composed of representation from the employer and elected representatives of the employees, with a fund manager selected by the committee. The Securities and Exchange Commission is the regulatory authority of the scheme. Employees' contributions are not lower than 3 percent but do not exceed 15 percent of their wages (Provident Funds Act of 1987, Section 10). The employer's contributions must not be less than the employee's contributions. This requirement, however, was revised through the amendment in 2015 of the Provident Funds Act of 1987. (Provident Fund Act No. 4, 2015).

Employees receive a lump sum at the termination of their employment or upon retirement. Segregation of the fund as a distinct legal entity from the company is required. Contributions to the provident fund by employees and employers are tax deductible, and the benefit payment is tax exempted.

4.3.4 Private School Teacher's Welfare Fund

The Private School Teachers' Welfare Fund (PSTWF) was introduced in 1974 through an amendment to the Private School Act of 1954. In 2008,

⁸To be increased since the minimum wage is higher than 4,800 baht per month.

the government enacted the Private School Act in which the PSTWF became a private entity run by a board of directors chaired by the permanent secretary of the Ministry of Education. PSTWF provides a provident fund, welfare benefits, and financial assistance to private school directors, teachers, and staff. Monthly contributions (not exceeding 3 percent of the member's total salary) are paid by the teacher, the school (equal to the member's contribution), and the Ministry of Education (twice the member's contribution).

4.4 Informal Economy Workers

Informal economy workers, i.e. self-employed workers or family workers who are not covered by any social security system, are protected by SSS Section 40. Although partially subsidized by the government, this scheme is not embedded in the law and is subject to change according to government policy. Since December 9, 2014, the scheme offers:

- (a) Package 1 – Covering illness, becoming an invalid, and death benefits; (monthly contributions: 70 baht by the insured and a 30 baht subsidy);
- (b) Package 2 – Covering illness, becoming an invalid, death, and old-age (lump sum) benefits; (monthly contribution: 100 baht by the insured and a 50 baht subsidy);
- (c) Package 3 – Old-age pension (monthly contribution: 100 baht by the insured and a 100 baht subsidy).⁹

The scheme does not provide healthcare benefits, which are already provided by UCS.

4.5 Migrant Workers

Low-skilled migrant workers from Cambodia, the Lao People's Democratic Republic, and Myanmar can enter Thailand as a result of a memorandum of understanding between Thailand and these three countries. Without a work permit, the migrants can enter as "registered migrant workers" or

"nationally verified," or undocumented or irregular migrant workers.

Migrant workers covered under the memorandum of understanding and those with nationally verified status receive a two-year work permit and are entitled to the same social security rights as those of Thai workers under the WCF and the Social Security Fund (Section 33). In practice, however, most migrant workers fail to satisfy the conditions contained in Circular RS0711/W751 requiring that (a) they possess a passport or nationality registration documents and (b) their employers have registered and paid contributions to WCF.

4.6 Elderly Persons

The government policy promoting the quality of life of the elderly and their appropriate employment or activities include promoting home care, nursing homes, and hospital care through cooperation involving the public sector, private sector, community, and family as well as the fiscal system.¹⁰

4.6.1 Old-age Living Allowance

The old-age living allowance (OAA) is a universal non-contributory social assistance payment made by the government since 1993, on a temporary basis, to provide income for poor elderly persons. The allowance was later provided through the Old-age Act, B.E. 2546 (2003), which came into effect through the Regulation on Disbursement of Old-age Allowance, B.E. 2552 (2009). The scheme grants 500¹¹ baht per month to persons who are 60 years old or older, have registered and submitted an application to the local government to receive the old-age allowance, have their domicile registered in the local government district where they applied for the allowance, and who receive no other regular benefits from the government, including pension, care in a government welfare shelter, or other income or benefits (except persons with disabilities or living

⁹ For more information, see www.sso.go.th/wpr/content.jsp?lang=th&cat=762&id=4002, accessed on February 10, 2015.

¹⁰ For details, see Bureau of Empowerment for Older Persons, www.oppo.opp.go.th/pages/law/law_06.html, accessed February 20, 2015.

¹¹ As of January 12, 2016, US\$1 = 35.358 baht, or 100 baht = US\$2.80.

with HIV/AIDS).

Since October 2011, the government has applied a stepwise program to increase the monthly allowance to 600 baht for those aged 60-69 years, to 700 baht (70-79 years), to 800 baht (80-89 years), and to 1,000 baht (90 years and older) (Schmitt et al. 2013, 11).

4.6.2 National Savings Fund

The fund, stipulated in the National Savings Fund Act, B.E. 2554 (2011), started operations in August 2015 with the status of a juristic person, an independent entity which is not a government agency or a state enterprise (FPO 2011). The fund is aimed at encouraging workers in the informal sector to save, with contributions coming from the government in amounts determined by the members' contribution and the member's age. Financing comes from the government and members' contributions. The intended beneficiaries are citizens aged 15-60 years old, not enrolled in other funds receiving contributions from the government, and not under the pension systems of the government or the private sector. In essence, the fund covers workers in the informal sector, workers employed on a daily or weekly basis, temporary state enterprise employees who are not SSS members, temporary government employees, students, and local politicians. Workers enrolled under SSS Section 40 (informal workers) can be transferred to the National Savings Fund (NSF) on a voluntary basis (NSF 2015).

A member has to save at least 50 baht at a time, but total savings may not exceed 13,200 baht per year. The government contributes progressively based on the age of the member: 50 percent of the savings but not exceeding 600 baht per year for members aged 15-30 years, 80 percent but not exceeding 960 baht per year for those aged 31-50 years, and 100 percent but not exceeding 1,200 baht per year for those more than 50 years old. The NSF member will obtain the following benefits: lifetime pension upon reaching the age of 60, a lump sum payment composed of own savings and interest in case he or she becomes disabled before the age of

60, the government's contribution and interest upon reaching the age of 60, accumulated savings and interest in case the member quits before reaching the age of 60, and, for the member's beneficiaries, all the member's savings plus the government's contribution and interest in the case of death (NSF 2015).

4.7 People with Disabilities

Citizens with disabilities are entitled to a universal non-contributory disability allowance of 500 baht per month, as established by the Quality of Life Promotion Act for Persons with Disabilities, B.E. 2550 (2007), which went into effect in 2010. Eligible are Thai nationals with disabilities domiciled in the district of a local government per census period, have a disability card issued under the authority of the Persons with Disabilities' Quality of Life Promotion Act, B.E. 2550 (2007), and are not being taken care of by a government welfare shelter. The allowance is administered by the Tambon Administrative Organization under the Ministry of Interior (NSF 2015, 10).

4.8 People Living with HIV/AIDS

People living with HIV/AIDS are entitled to an AIDS Patient Allowance of 500 baht a month except for patients in Bangkok, who receive 3,000 baht a year. The allowance, given since 2004, is a universal non-contributory one¹² and is administered by the Tambon Administrative Organization under the Ministry of Interior and the Bangkok Metropolitan Administration (for Bangkok patients).

Owing to space limitations, other forms of social assistance provided by the government, private insurance companies, and provident funds are not mentioned here.¹³

Table 2 shows the fiscal costs of social protection in Thailand in 2013.

¹² See www.m-society.go.th/ewt_news.php?nid=11837 accessed February 21, 2015.

¹³ For more information, see Schmitt et al. (2013, 15); Paitoonpong (2012, 16).

Table 2. Fiscal Costs* of Social Protection in Thailand, 2013

Program	Source of funding	Costs	
		Billions of baht	Percentage of GDP
Health care		426.1	3.58
CSMBS	Government	85.9	
UCS	Government	157.3	
SSS+WFC	Tripartite contribution	41.6	
Out of pocket	People	87.4	
Non-USC	Government	54.0	
Children		285.3	2.40
Free education	Government	284.7	
Child allowance	Government	0.6	
Working-age population		248.6	2.09
GOPS **	Government	124.0	
GPF	Gov't + Worker	22.1	
State enterprise employee ***	Gov't + Worker	n.a.	
SSS 33	Tripartite contribution		
SSS 39	Gov't + worker	63.3	
SSS 40	Gov't + worker		
WCF	Employer	2.0	
Provident fund	Worker + employer	37.3	
Elderly persons (OAA)	Government	58.7	0.49
People with disabilities (Allowance)	Government	7.5	0.06
People living with HIV/AIDS (Allowance)	Government	0.4	0.0
Grand total		1,026.6	8.63

* National costs; fiscal costs = national costs minus non-government costs.

** Assuming fiscal costs = government expenditure budget.

*** Is included in PF; GDP in 2013 was 11.9 billion baht (NESDB, 2015).

Abbreviations: CSMBS = Civil Servants' Medical Benefit Scheme; GDP = gross domestic product; GOPS = Government Official Pension System; GPF = Government Pension Fund; HIV/AIDS = Human Immuno-deficiency Virus/Acquired Immuno Deficiency Syndrome; OAA = old-age living allowance; SSS = Social Security System; UCS = Universal Health Coverage Scheme; WCF = Workmen's Compensation Fund.

Sources: National Health Security Office (2013); Jitsuchon (2011); Bureau of the Budget (2013b); Social Security Office (2013); Workmen's Compensation Fund (2013).

5. CONCLUDING REMARKS

This paper provides a bird's eye view of the Thai social protection system. It was found in the study that social protection in Thailand is extensive, with a wide range of schemes and types of protection covering different sectors of the population, from children to the working-age population, and to older persons. The system is composed of contrib-

utory social insurance schemes, non-contributory tax-financed schemes (both targeted and universal), and partially subsidized voluntary social insurance schemes. There are two universal social protection schemes: the Universal Health Coverage Scheme and a universal tax-financed old-age allowance scheme.

Currently, the government policy continues to strengthen the social protection system, the savings system and community welfare, as well as

protect the rights of the working-age population, the elderly, women and children, and the disabled, providing them with welfare and developing their quality of life.

Thailand's social protection system is financed largely by the government and contributions from workers and the private sector. The total fiscal costs of the social protection borne by the government totaled about 1,026.6 billion baht (including out-of-pocket spending of 87 billion baht) in 2013, accounting for 8.6 percent of the country's GDP. Thailand's voluntary programs, such as provident funds, are widely used as major sources of savings for old age, particularly for workers in the private sector.

Precautions should be taken in the face of the current economic slowdown and Thailand's demographic transition into a complete aging society, with a declining supply of young people in the workforce. Since many social programs rely on government spending, the stability of such programs must be ensured. It should also be noted that there are considerable numbers of migrant workers in Thailand. As such, the management of social protection for migrants should be taken into consideration.

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IT'S TIME FOR A NEW GOVERNANCE FRAMEWORK

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1. INTRODUCTION

Since the Asian financial crisis that broke out in 1997, building good governance has been a hot issue in Thailand. Many Thai government administrations have since enacted various rules, regulations, and laws to promote governance of the Thai state: for example, the Regulation of the Office of Prime Minister on Building Good Governance, B.E. 2542 (1999); the National Government Organization Act (No. 5), B.E. 2545 (2002); and the Royal Decree on Criteria and Procedures for Good Governance, B.E. 2546 (2003).

Furthermore, certain government organizations also proposed strategies and plans to help establish good governance. Among them are the Office of the Public Sector Development Commission, which launched the Promotion and Development Plan for Good Governance in Bureaucracy and

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